

FINANCIAL AFFIDAVIT

IN UNITED STATES

☐ MAGISTRATE☒ DISTRICT☐ APPEALS COURT or☐ OTHER PANEL (Specify below)

IN THE CASE OF

Darryl Ford v.s. David L. Winn

FOR

District of Massachusetts

AT

Dorchester Federal Bldg & Court House

LOCATION NUMBER

11:44

PERSON REPRESENTED (Show your full name)

Darryl Ford

- 1 ☐ Defendant—Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☒ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate

District Court

04.40232

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →)

☒ Felony☐ Misdemeanor

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment How much did you earn per month? \$ N/A									
		If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____									
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RECEIVED SOURCES IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____									
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____									
PROPERTY		Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
		IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <table border="1"> <thead> <tr> <th>VALUE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	VALUE	DESCRIPTION	_____	_____	_____	_____	_____	_____	_____
VALUE	DESCRIPTION										
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OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents _____	List persons you actually support and your relationship to them _____ _____ _____	
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors	Total Debt	
					Monthly Paymt.

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

November 8, 2004

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Darryl Ford

Commissary History

Purchases

Validation Period Purchases: \$78.25
YTD Purchases: \$159.10
Last Sales Date: 10/19/2004 5:05:10 PM

SPO Information

SPO's this Month: 0
SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No
Weekly Revalidation: No
Spending Limit: \$290.00
Expended Spending Limit: \$78.25
Remaining Spending Limit: \$211.75

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00
Restricted Expended Amount: \$0.00
Restricted Remaining Spending Limit: \$0.00
Restriction Start Date: N/A
Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Userid	Active
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Comments

Comments:

Inmate Inquiry

Inmate Reg #: 08943040 Current Institution: Devon-IMP
 Inmate Name: LORDE, DARRYL Housing Unit: 0470
 Report Date: 11/06/2004 Living Quarters: PDL 14-1
 Report Time: 1:26:03 PM

General Information | Account Balances | Commissary History | Commissary Restrictions | Comments

General Information

Administrative Hold Indicator: No
 No Power of Attorney: No
 Never Waive NSF Fee: No
 Max Allowed Deduction %: 100
 PIN: 7769
 FRP Participation Status: Completed
 Arrived From:
 Transferred To:
 Account Creation Date: 11/13/2001
 Local Account Activation Date: 7/1/1991
 Sort Codes:
 Last Account Update: 11/5/2004 8:17:48 PM
 Account Status: Active
 ITS Balance: \$1.07

FRP Plan Information

FRP Plan Type Expected Amount Expected Rate

Account Balances

Account Balance: \$32.83
 Pre-Release Balance: \$0.00
 Debt Encumbrance: \$0.00
 SPO Encumbrance: \$0.00
 Other Encumbrances: \$0.00
 Outstanding Negotiable Instruments: \$0.00
 Administrative Hold Balance: \$0.00
 Available Balance: \$32.83
 National 6 Months Deposits: \$830.00
 National 6 Months Withdrawals: \$867.35
 National 6 Months Avg Daily Balance: \$18.26
 Local Max. Balance - Prev. 30 Days: \$55.08
 Average Balance - Prev. 30 Days: \$14.84

J. Hancock
6 Nov 04
Consolidator